First Southern Christian School Information Sheet 2025-2026

Enrollment

To enroll your child, you must submit the following after the interview process:

- 1. All completed enrollment packet paperwork
- 2. Appropriate fees paid
- 3. Immunization records
- 4. A copy of your child's birth certificate

Re-Enrollment by June 30th

To re-enroll your child, you submit the following:

- 1. All completed re-enrollment packet paperwork.
- 2. Updated emergency card (after July 1, 2025).
- 3. A \$325 registration fee (\$200 applied to the first month tuition and \$125 non-refundable enrollment fee).

The School Day

| Preschool | 8:30 – 11:15 |
|------------------------------|--------------|
| Kindergarten full day | 8:30 - 3:00 |
| Grades 1st - 6 th | 8:30 - 3:00 |

Childcare

Morning childcare for all ages is available from 7:00 a.m. until 8:00 a.m. (there is no childcare charge from 8:00 – 8:30 a.m.). Preschool after-school childcare charges begin at 11:15 a.m. After-school childcare begins at 3:15 for kindergarten through sixth grade. The charge for this service is \$4.00 per hour for the first child and \$3.75 for each additional child. This fee is to be paid in full each week or a 20% late fee will be charged. Any childcare time after 5:30 is charged \$ 0.50 a minute.

Lunch

A supervised lunchroom area will be provided for all students. Students may bring their own lunches from home. Microwaves are available for staff to heat food as long as it does not take longer than **1 minute**. Milk is included in school lunches but is also available separately for 25 cents.

A hot lunch program is provided with the following rates:

• Single meals for \$5.00 per day

Medications

<u>ALL</u> medications (prescription and over the counter including cough drops) must be brought into the school office. A form (provided by the school) must be filled out and signed by the parent giving permission for the office staff to administer the medication. One form must be completed for each medication. The school does not provide <u>any</u> medications.

Tardiness

Promptness is a virtue which we trust our students will learn early in life. If students are tardy, they <u>must</u> report to the school office to obtain an admission slip to class. Excessive tardiness will require a parent conference.

Absence

When parents know a student will be absent, they <u>must</u> notify the school office by <u>9:00</u> <u>a.m.</u> This notification assures us that nothing has happened to the child on their way to school. If you wish to pick up homework for your child, please let the office know when you call in the absence. The homework requested will be available <u>after 3:15 p.m.</u>

Sign-In/Sign-Out Procedure

All Preschool and kindergarten children must be signed-in and signed-out daily. Any child in childcare before 8:00 in the morning must be signed in. Any child in childcare after school must be signed out.

Snack

The school does <u>not</u> provide any snacks for the children. If your child wants a snack during the day, you will need to either send one or money to purchase a snack. Healthy snacks and drinks are available in the school office.

NOTE: First Southern Christian School does <u>not</u> serve breakfast. Please make sure your child has a **healthy breakfast** before arriving at school.

For more detailed information, please see your copy of the current Parent/Student Handbook.

First Southern Christian School

445 E. Speedway Blvd Tucson, AZ 85705

(520) 624-9797 Fax: (520) 624-7770

FSCS4Jesus@aol.com

Website: firstsouthernchristianschool.com

| Enrollment Date: | // |
|------------------|--------|
| | Grade: |
| T-shirt si | ze: |

Re-Enrollment Application

| Student's Name: | |
|--|-------------------------------|
| Home address: | Zip Code: |
| Home Phone #: DOB:/ | Age: Sex: M or F |
| Father's Name: | |
| Home Phone (if different than child's): | Cell Phone: |
| Address (if different than child's): | |
| Employer's Name: | Work Phone: |
| Local Church Membership: | |
| Name of Pastor: | |
| Mother's Name: | |
| Home Phone (if different than child's): | Cell Phone: |
| Address (if different than child's): | |
| Employer's Name: | |
| Local Church Membership: | |
| Name of Pastor: | |
| Parent's Marital Status: Married □ Separated □ Divorced □ E-mail address for receiving invoices, etc.: | <u> </u> |
| Permission for school to share address and/or phone number wit | |
| ************************************** | ********** |
| Completed Enrollment Pack: Application Update Emergency Card Extended Session Form | Tuition Contract Title 1 Form |

| In case of emergency, the school administrator child. | has my permission to seek medical attention for my |
|---|--|
| | / |
| Parent's signature | e Date |
| Student's Special Needs: | |
| | |
| Brothers or sisters presently enrolled in First So | outhern Christian School: |
| Name: | Grade: |
| Name: | Grade: |
| Name: | Grade: |
| Family members formerly enrolled in First Sou | thern Christian School |
| Name: | Grade: |
| Name: | Grade: |
| Name: | Grade: |
| ************ | ************ |
| I/We understand I am/we are entering into a co | venant including the following: |
| To pay all contracted fees on time To assume an active role in my child's e To be an active member of the various f To cooperate with the school in the area | |
| | / / |
| Parent / Guardian Signat | ure Date |

Field Trip Permission Slip

| This permission slip will be used for all school funct activity, there will be a special letter of permission. | ions for the year. If the trip is for an out-of-town |
|---|---|
| I give permission forschool year. Students will go by school van and/or pp.m. unless otherwise notified. I understand that a neme of place, time, and cost. | |
| Parent/Guardian signature | / |
| ************** | *********** |
| Library Ag | reement |
| The school offers a Student / Faculty Library with approximate or replace all lost or damaged books checked out to a | |
| Parent/Guardian signature | / |
| *************** | ************ |
| Textbook | Rules |
| As the parent/guardian of a student at First Southern rules under which the school furnishes textbooks to s | |
| Textbooks are the property of First Southern Textbooks are not to be damaged; however, i fee for the replacement of the book All textbooks must be returned when the student records may be | f a book is damaged, I agree to pay a reasonable dent is promoted, graduated, or transferred. |
| Parent/Guardian signature | |
| | |

Photo Permission

We here at First Southern Christian School are aware that there are often opportunities to promote our school and what better way than capturing moments and sharing them—not only with our school families but also with prospective families. One way to accomplish this is to use pictures of children playing, learning, and having fun. We are requesting permission from you, as a parent or guardian, to allow us to use a picture of your child or a group picture of which your child is a part, in our promotional materials and digital images.

By granting permission, you agree that the school has the right to take, use, reproduce, assign and/or distribute photographs for use for promotional purposes only and that the use of such material will be made without any payment to you or the need of future approval by you. Please rest assured that the safety and well-being of the children come first and at no point would we be less than discrete for the sake of promotion.

If you agree to the above provisions, please print, sign, and date below and return to the school. Thank you.

| Carolyn Burger Administrator | | |
|---------------------------------|--|--|
| Student's name: | | |
| Parent's Signature: | | |
| Date: | | |



| CDC/SGH# or name: | |
|----------------------|--|
| CDC/SCIP# OF Harrie. | |

Arizona Department of Health Services Bureau of Child Care Licensing Emergency, Information and Immunization Record Card

| Child's Name: | Date Enrolled: | | Updated: | |
|---|---|--------------------|---|--|
| Home Address (#, Street, City, State, Zip Code): | | | Date Disenrolled: | |
| Home Phone: | Date of Birth: | Sex: male female | | |
| L | | | L | |
| Parent or Guardian Name: | Home Address (#, Street, City, State, 2 | Zip Code): | | |
| Cell Phone (optional): | Contact Telephone Number: | | | |
| | | | | |
| Parent or Guardian Name: | Home Address (#, Street, City, State, 2 | Zip Code): | | |
| Cell Phone (optional): | Contact Telephone Number: | | | |
| I authorize the following individuals to c (Pursuant to R9-5-304.B, at least two con | | in case of emerg | ency or if I cannot be contacted: | |
| Name: | ince persons are required. | Contact Telepho | one Number: | |
| Name: | | Contact Telepho | one Number: | |
| Name: | | Contact Telepho | ne Number: | |
| Name: | | Contact Telephor | ne Number: | |
| If Medical care is necessary, call: | | ı | | |
| Health Care Provider* | | Contact Telepho | one Number: | |
| *A Health Care Provider is a physic | ian, physician assistant or re | gistered nurse | practitioner. | |
| I hereby give authority to any hospital or do | ctor to render immediate aid as mig | ght be required at | the time for his/her health and safety. | |
| In case of inju I request that this indiv | ry or sudden illness, | | | |
| 110quosi mui mis mui | | | | |
| The following individual(s) may NO | OT remove my child from the | e facility: | | |
| Name(s): | | | | |
| Custody papers have been provided and are | e on file at the facility. yes | no no | | |
| Telephone Authorization Code (opt | ional): | | | |

Immunization Information

(A licensee shall attach an enrolled child's written immunization record or exemption affidavit to the enrolled child's Emergency, Information and Immunization Record card.)

For information regarding current immunization requirements go to: www.azdhs.gov/phs/immun/index.htm or contact the Arizona Immunization Program Office at (602)364-3630.

One of these items must accompany the EIIR card at all times:

| Copy of current offici | al documented immuniza | tion record atta | ached | | | |
|---|----------------------------|---------------------|--------------------|-----------------|--|--|
| Religious Beliefs exemption form signed by parent/guardian attached | | | | | | |
| Medical Exemption form signed by physician and parent/guardian attached | | | | | | |
| Signed Laboratory Pro | oof of Immunity form atta | ached | | | | |
| | | | | | | |
| Notification of immunizations needed sent to | Parent(s) or Guardian(s): | mo /day/ yr | mo /day/ yr | mo /day /yr | | |
| Updated immunization | s received and attached: | mo /day/ yr | mo /day/ yr | mo /day /yr | | |
| Medical Information | | | | | | |
| Is child allergic to food or other substanc If yes , describe symptoms, name foods or substan | | ocedure to follow i | f reaction occurs: | No Yes | | |
| Is child usually susceptible to infections a If yes , list precautions: | and if so, what precaution | s need to be ta | ken? | No Yes | | |
| Is child subject to convulsions and what s If yes, specify procedure: | should be our procedure i | f one occurs? | | No Yes | | |
| Is there any physical condition that we see taken (heart trouble, foot problem, heart fyes, list precautions: | | - | ns should | No Yes | | |
| Additional comments: | | | | | | |
| Other special instructions: | | | | | | |
| This Emergency Information and Immunization | | nd complete, front | and back, and wa | as provided by: | | |
| Parent/Guardian PRINTED Name: | SIGNED Name: | | DATE: | | | |

First Southern Christian School 2025-2026 School Year

Child Care Sign/In & Out Permission Slip

| Student(s) Name | | | | | | |
|--|--|------------------------------|--|--|--|--|
| I, | , give the f | following employees of First | | | | |
| Southern Christian School permission to sign my child in and/or out of | | | | | | |
| school and the childca | are program: Adela Tarang | go and Carolyn Burger. | | | | |
| Pai | rent Signature | Date | | | | |
| | Special Classes Agree | <u>ment</u> | | | | |
| | included in your tuition co t the school year to pay fo | | | | | |
| By signing below, you Fine Arts program. | u agree to participate in al | l fundraisers to support our | | | | |
| Pa | rent Signature | Date | | | | |

Revised: 02/2025

Income Eligibility Guidelines: July 1, 2024- June 30, 2025

| Income Eligibility 1 HOW OFTEN INCOME WAS RECEIVED | | | Income Eligibility 2 HOW OFTEN INCOME WAS RECEIVED | | | | | | | | |
|--|----------|---------|--|-----------------------------------|---------|------------------------------|----------|---------|---------------------------|-----------------------------------|---------|
| Family Size: | Yearly | Monthly | 2 x Month (Bi-Monthly) | Bi-Weekly (Every Two Weeks) | Weekly | Family Size: | Yearly | Monthly | 2 x Month (Bi-Monthly) | Bi-Weekly (Every Two Weeks) | Weekly |
| 1 | \$19,578 | \$1,632 | \$816 | \$753 | \$377 | 1 | \$27,861 | \$2,322 | \$1,161 | \$1,072 | \$536 |
| 2 | \$26,572 | \$2,215 | \$1,108 | \$1,022 | \$511 | 2 | \$37,814 | \$3,152 | \$1,576 | \$1,455 | \$728 |
| 3 | \$33,566 | \$2,798 | \$1,399 | \$1,291 | \$646 | 3 | \$47,767 | \$3,981 | \$1,991 | \$1,838 | \$919 |
| 4 | \$40,560 | \$3,380 | \$1,690 | \$1,560 | \$780 | 4 | \$57,720 | \$4,810 | \$2,405 | \$2,220 | \$1,110 |
| 5 | \$47,554 | \$3,963 | \$1,982 | \$1,829 | \$915 | 5 | \$67,673 | \$5,640 | \$2,820 | \$2,603 | \$1,302 |
| 6 | \$54,548 | \$4,546 | \$2,273 | \$2,098 | \$1,049 | 6 | \$77,626 | \$6,469 | \$3,235 | \$2,966 | \$1,493 |
| 7 | \$61,542 | \$5,129 | \$2,565 | \$2,367 | \$1,184 | 7 | \$87,579 | \$7,299 | \$3,650 | \$3,369 | \$1,685 |
| 8 | \$68,536 | \$5,712 | \$2,856 | \$2,636 | \$1,318 | 8 | \$97,532 | \$8,128 | \$4,064 | \$3,752 | \$1,876 |
| Each Additional Member | +\$6,994 | +\$583 | +\$292 | +\$269 | +\$135 | Each Additional Member | +\$9,953 | +\$830 | +\$415 | +\$383 | +\$192 |

Add:

If all income is received on the same schedule Example: alimony = \$100 / month & pension = \$300 / month

DO NOT use conversion factors

Add:

If family reports income sources from more than one schedule Example: alimony = \$100 / month & pension = \$300 / week

Income MUST be converted to yearly.

Yearly Income = Monthly x 12

Yearly Income = Twice Per Month (Bi-Monthly) x 24 Yearly Income = Every Two Weeks (Bi-Weekly) x 26

Yearly Income = Week x 52

DO NOT round the values resulting from each conversion

Alternative Form for Income-based Eligibility

The Arizona Department of Education provides the following Fiscal Year 2025 Income Guidelines for determining income eligibility for a variety of federal funding programs. This form should be utilized as an alternative means to collect income eligibility information from the student's household and organizations should retain completed forms for a period of five years.

Definition of Income: all items such as wages and salaries before any deductions, and other income, such as self-employment, welfare, social security, retirement benefits unemployment compensation, worker's compensation, aid for dependent children, alimony, child support, pensions, insurance, or annuity payments, etc.

Exclusion: the value of meals, milk, or EBT benefits to children shall NOT be considered income in the household.

Arizona Department of Education

Is your household at or below the current income guidelines based on the attached Elementary and Secondary Education Act, as amended by the Every Student Succeeds Act Income Eligibility Guidelines schedule?

> Yes, Income Eligibility 1 (Indicator 1 in AzEDS): Yes, Income Eligibility 2 (Indicator 2 in AzEDS):

| <u>Studen</u> | <u>udent's Name</u> | ※ <u>Name of School</u> | <u>Grade</u> |
|---------------------------------|--|--------------------------------|--------------|
| | | | |
| haraby cortifies that all the a | shove information is true and correct | | |
| nereby certify that all the a | above information is true and correct: | | |

Tuesday, July 2, 2024

First Southern Christian School 2025-2026 School Year Tuition Contract

First Southern Christian School is a non-profit school which relies solely upon tuition income to pay salaries and other expenses.

I understand that the annual tuition may be broken into monthly payments for my convenience. There are no discounts given for days missed or holidays. I also understand the following:

- 1. Payment is due on the first of each month and ends on May 1st. (If the first falls on a non-school day, payment is due the next school day).
- 2. Any tuition paid after the 10th of each month will result in a \$10.00 late charge. (If the 10th falls on a non-school day, payments received on the next school day will not be considered late.)
- 3. If my account becomes past due by 45 days, my child(ren) will be allowed to attend class only after my account is no longer past due.
- 4. In extreme cases of past due accounts, and after other, less drastic measures have been exhausted, legal action will be taken and all costs involved will then be added to my account.
- 5. In case of withdrawal or dismissal of my child(ren), refunds of prepaid tuition will be as follows:
 - Withdrawal before school opens: Total refund of any tuition paid minus \$15.00 handling charge per family.
 - During the first week of school: Total refund of tuition pre-paid minus \$30.00 office and classroom charge per student.
 - August 13 31: Charge is 1-ninth of yearly tuition plus \$50.00 withdrawal fee.
 - September 1-30: Charge is 2-ninths of yearly tuition plus \$50.00 withdrawal fee.
 - October 1-31: Charge is 3-ninths of yearly tuition plus \$50.00 withdrawal fee.
 - November 1-30: Charge is 4-ninths of yearly tuition plus \$50.00 withdrawal fee.
 - December 1-31: Charge is 5-ninths of yearly tuition plus \$50.00 withdrawal fee.
 - January 1-31: Charge is 6-ninths of yearly tuition plus \$50.00 withdrawal fee.
 - February 1-28: Charge is 7-ninths of yearly tuition plus \$50.00 withdrawal fee.
 - March 1 April 15: Charge is 8-ninths of yearly tuition plus \$50.00 withdrawal fee.
 - After April 15: Full tuition is charged.

| My yearly tuition is: \$\$200 deposit or \$ | ments are \$ | after the | |
|---|-----------------------------------|-----------|----|
| By signing this contract, I a | agree to comply with all of the a | bove. | |
| Parent Signature: | | Date: | // |
| Student(s) Name: | | | |

First Southern Christian School 2025-2026 Tuition Rates

| | Yearly Tuition | Tuition less \$200.00 deposit | 10 month payment plan (cost per month) |
|-------------------------|----------------|----------------------------------|--|
| Preschool - 3 days/week | \$3000 | \$2800 | \$280 |
| Preschool - 5 days/week | \$3600 | \$3400 | \$340 |
| Kindergarten | \$6000 | \$5800 | |
| Elementary | \$7000 | | |

To Register:

Registration deadline: June 30, 2025

A \$325.00 registration fee is required for preschool and new students

- \$200 deposit to go toward tuition
- \$125 non-refundable enrollment fee

Extended Session Charges:

Prices remain unchanged from the previous year.

\$4.00 per hour for the first child

\$3.75 per hour for each consecutive child